

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36600

BIRTH NO. 32624-50		REG. DIST. NO. 103		PRIMARY REG. DIST. NO. 4175		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY <i>Linn</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>Linn</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hammersville MO</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hammersville RT</i>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <i>0350</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>LARRY</i>		b. (Middle) <i>VIRGLE</i>		c. (Last) <i>BROWN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>10-11-1950</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>		8. DATE OF BIRTH <i>4/6/1950</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <i>4</i> Days <i>5</i> IF UNDER 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Hammersville MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Willie Brown</i>		13b. MOTHER'S MAIDEN NAME <i>Mrs Eugene Williams</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Willie Brown Hammersville</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Malnutrition</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7720				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10-11</i> , 19 <i>50</i> to <i>10-11</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>10-11</i> , 19 <i>50</i> , and that death occurred at <i>9:15P</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>W. C. Crider</i> (Degree or title)				23b. ADDRESS <i>Cardwell MO</i>		23c. DATE SIGNED <i>10-12-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10-12-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hammersville</i>		24d. LOCATION (City, town, or county) (State) <i>Hammersville MO</i>	
DATE REC'D BY LOCAL REG. <i>11-11-50</i>		REGISTRAR'S SIGNATURE <i>Bertha Kinschling</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Emerson D. ...</i>		ADDRESS <i>... Hammersville</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT11-15-50.....

COUNTY FILE NUMBER 1150-303.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.